

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: My Kind Heart	CHAPTER 100.1
Address: 98-034 Kulana Place, Pearl City, Hawaii 96782	Inspection Date: March 24, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING  
MAR 31 2:54

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (h)(3)(B) Miscellaneous records: When day care clients are permitted in a Type I ARCH, records shall be maintained and include: Medication and diet or supplement orders; <u>FINDINGS</u> Day Care resident - No diet order.	<p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center">I obtained the diet order 3/29/21 for regular diet.</p>	<p align="center">Yes</p> <p align="center">7/14/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports, (b)(3)(B) Miscellaneous records:  When day care clients are permitted in a Type I ARCH, records shall be maintained and include:  Medication and diet or supplement orders;  <u>FINDINGS</u> Day Care resident - No diet order.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will use a Day Care Admission Check List as my guide so I have all the admission documents</p>	<p style="text-align: right;">7/14/2021</p>

Licensee's/Administrator's Signature:



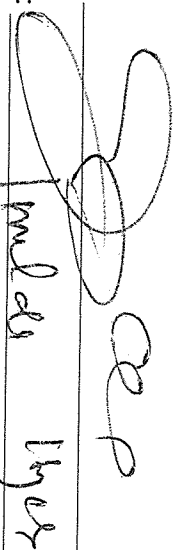
Print Name:

Maeda R. Hyde

Date:

March 25, 2021

Licensee's/Administrator's Signature:



Print Name:

Maeda R. Hyde

Date:

7/14/2021

STATE OF HAWAII  
DOM-CHCA  
STATE LICENSING

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